COMBINED DECLAR	ATION FOR PATENT APPLICATION A	ND POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER				
	CT International Applications)						
As a below named inventor	r, I hereby declare that:						
My residence, post of	fice address and citizenship are as stated below	next to my name.					
I believe I am the orig names are listed belo	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
POLYMERIZABLE, THEIR USE	LUMINESCENT COMPOUNDS AND MIXT	URES, LUMINESCENT POLYMER M	IATERIALS AND				
the specification of v	hich (check only one item below):						
is attached	i hereto.						
was filed	as United States application						
Serial No	Serial No						
on							
and was a	mended						
on	(if applicable).	_					
was filed	as PCT international application						
Number	·						
on	,						
and was a	mended under PCT Article 19						
on	(if applicable).						
	have reviewed and understand the contents of tendment referred to above.	the above-identified specification, include	ding the claims, as				
continuation-in-part	uty to disclose information which is material t applications, material information which becam international filing date of the continuation-in-	e available between the filing date of the p	1.56, including for rior application and				
application(s) and of designating at least of	ty benefits under Title 35, United States Code, any foreign application(s) for patent or inventor one country other than the United States of American to rinventor's certificate or any PCT international America filed by me on the same subject matter by	's certificate or 365(a) of any PCT internat rica listed below and have also identified onal application(s) designating at least on	ional application(s) below any foreign country other than				
	AND FOREIGN/PCT APPLICATION(S) AND AN	Y PRIORITY CLAIMS UNDER 35 U.S.C. 1	19: PRIORITY CLAIMED				
COUNTRY (if PCT, indicate "PC		DATE OF FILING (day, month, year)	UNDER 35 USC 119				
Europe	02 014 067.9	01-07-2002	YES NO				
			YES NO				
			YES NO				
· · · · · · · · · · · · · · · · · ·			YES NO				
(27,969); Alan E.J. Bran (30,595); John A. Sopp ( (40,921); Robert E. McC	Y: As a named inventor, I hereby appoint I. Willingan (20,565); John R. Moses (24,983); Harry B. 33,103); Richard M. Lebovitz (37,067); James E. arthy, (46,044); Jonathan G. Brown (47,451); and Trademark Office connected therewith.  Customer No. 23599  Telephone No. 23599	Shubin (32,004); Brion P. Heaney (32,342) Ruland (37,432); Nancy Axelrod (44,014) I Csaba Henter (50,908) to prosecute this a	); Richard J. Traverso ); Jennifer J. Branigan				

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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER

	•			
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Poetsch	FIRST GIVEN NAME Eike	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	Muehltal DEX	STATE OR FOREIGN COUNTRY DE	COUNTRY OF CITIZENSHIP DE
ł	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	Am Buchwald 4	Muehltal	64367 Muehltal
$\dashv$	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 2	OF INVENTOR	Jacob	Thomas	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Seoul X	KR	DE
	POST OFFICE ADDRESS	STREET Appt. 201, 122-26 Itaewon-Dong, Younsan-ku	Seoul	STATE & ZIP CODE/COUNTRY 140-858 Seoul
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	Serrano	José	Luis
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	CITIZENSHIP	Zaragoza ESX	ES	ES
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Pedro Cebuno 12	Zaragoza	50009 Zaragoza
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0	OF INVENTOR	Pinol	Milagros	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4		Huesca ESX	ES	ES
	POST OFFICE	STREET	CITY Huesca	STATE & ZIP CODE/COUNTRY 22071 Huesca
	ADDRESS	Carretera deHuesca s/n	riuesca	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	Gimenez	Raquel	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	CITIZENSHIP	Zaragoza ESX.	ES	ES.
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Pedro Cerbuna 12	Zaragoza	50009 Zaragoza
	FULL NAME OF INVENTOR	FAMILY NAME Stumpe	FIRST GIVEN NAME Joachim	SECOND GIVEN NAME
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	CITIZENSHIP	Nauen DEX	DE	DE
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Florastrasse 12	Nauen	14641 Nauen
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	Fischer	Thomas	
0 7	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Berlin DEX	DE	DE
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Spittastrasse 21	Berlin	10317 Berlin

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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

SECOND GIVEN NAME FIRST GIVEN NAME **FAMILY NAME** FULL NAME OF INVENTOR Rosenhauer Regina 2 COUNTRY OF CITIZENSHIP CITY STATE OR FOREIGN COUNTRY 0 **RESIDENCE &** Berlin CITIZENSHIP DE STATE & ZIP CODE/COUNTRY STREET CITY POST OFFICE ADDRESS 10243 Berlin Berlin Marchlevskistrasse 106 SECOND GIVEN NAME FIRST GIVEN NAME **FAMILY NAME FULL NAME** OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 0 CITY RESIDENCE & CITIZENSHIP 9 STATE & ZIP CODE/COUNTRY CITY POST OFFICE **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 CITY RESIDENCE & CITIZENSHIP 0 STATE & ZIP CODE/COUNTRY CITY STREET POST OFFICE **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 **RESIDENCE &** CITIZENSHIP 1 STATE & ZIP CODE/COUNTRY CITY STREET POST OFFICE ADDRESS **FULL NAME** SECOND GIVEN NAME **FAMILY NAME** FIRST GIVEN NAME OF INVENTOR 2 1 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY CITIZENSHIP 2 STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR: 207	DATE
Eile Poelsel	AA ALON	Tufes	M.Mo4
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
1 Socost	11.11.04	Rorl =	11.11.04
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
	11.11.04		
SIGNATURE OF INVENTOR 200	DATE	SIGNATURE OF INVENTOR 210	DATE
Wrus	11.11.04		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
Raginal Crimerics	11.11.04		
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE
foodsom fringe	11.11.04		

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